

# **Developmental Disabilities Administration (DDA) Policy**

<http://dda.health.maryland.gov/Pages/home.aspx>

**Effective:** October 1, 2017

## **Application and Approval Processes for Qualified Supports/Services Providers in DDA's Community and Family Supports Waivers**

### **I. Background**

The DDA's Service Delivery System evolves as the needs of Marylanders with developmental disabilities change. DDA's supports and services are increasingly created to support individuals who live at home or in their communities of choice, and to support their community integration. The DDA maximizes supports and services for individuals' community living and participation by receiving Medicaid funds from the Centers for Medicare and Medicaid Services' approval of its Applications for 1915(c) Home and Community Based Waivers (HCBW). DDA's most comprehensive waiver, Community Pathways, was instituted more than 30 years ago.

Maryland's current demographics reveal an increasing aging population consisting of family members and other caretakers supporting individuals with developmental disabilities living at home, including some who are school-aged. Many of these individuals are on DDA's waiting list. Yearly trends show that DDA supports and services will be sought by other individuals with developmental disabilities who have not begun the process to access DDA-funded services.

The DDA recognizes that making supports and services readily available to unserved individuals and to their personal caretakers, will not only support those persons, but create a lower demand for comprehensive Community Pathway Waiver (CPW) services. As a result, the DDA has established its Community and Family Supports Waivers (CSW and FSW) for individuals who meet criteria for developmental disability in Annotated Code of Maryland, Health General, §7-101(f) and have had their level of service needs assessed. Eligible participants in the FSW must be in school and receive supervision and educational services through the Individuals Disabilities Education Act. Just like the CPW, supports and services in DDA's two new support waivers will supplement other government and private resources to meet the needs of these individuals.

## **II. Applicability**

This policy applies to all applicant providers seeking initial approval to provide services under the CSW and/or FSW, to those seeking to renew their approval, and to vendors authorized to provide goods and services to participants in these waivers. Additionally, this policy applies to DDA staff and its contractors who have oversight in developing, reviewing and/or approving participants' plans and budgets, and authorizing funding for the supports and services identified in them.

## **III. Policy**

DDA's CSW and FSW make services and supports from Qualified Service Providers (QSPs) readily available to eligible waiver participants. QSPs can be DDA licensed and deemed status providers, Organized Health Care Delivery Systems (OHCDS), non-licensed/non-certified providers, family members, neighbors, friends, and/or other supporters. The DDA makes information accessible on its website and implements a uniformed evaluation process for those interested in becoming a QSP. For licensed providers, the DDA implements a joint evaluation process with the Office of Health Care Quality (OHCQ). All individuals and agencies have the right to apply and receive a fair review of their applications regardless of the applicant's race, ethnicity, religion, gender, sexual orientation, disability, and/or age.

DDA QSPs are Medicaid providers. QSPs must be approved by DDA first, followed by Medicaid enrollment processes. Licenses are granted to QSPs using DDA and OHCQ review and approval processes while non-licensed, non-certified QSPs are approved using DDA's sole review and approval processes.

Once enrolled, QSPs must have their licenses and/or approvals renewed by DDA before they expire. A one (1) year approval is granted to DDA licensed QSPs and to non-DDA licensed, non-certified QSPs who have rendered supports and services to waiver participants less than 5 years. A three (3) year approval is granted to non-DDA licensed, non-certified QSPs successfully renewing their applications who have rendered supports and services to waiver participants for 5 or more years. Prospective providers and those QSPs renewing their approvals to render supports and services under the CSW and/or FSW must submit their applications to DDA's Provider Relations for review and approval processes denoted in this policy. Completion of the provider application does not guarantee that DDA will authorize approval for an applicant to render funded supports and services.

## **IV. Purpose**

This policy: 1) Provides specific requirements for completion and submission of initial and renewal applications for prospective providers seeking DDA approval to render supports, services and/or goods under DDA's CSW and FSW pursuant to Annotated Code of Maryland- Health General, Article §7-708, 2) Provides definition and eligibility requirements for QSPs regarding each support or service rendered under the CSW and FSW, and 3) Delineates actions taken by the DDA following receipt of an applicant's information.

## **V. Covered Supports and Services**

*“Assistive Technology”* means an item, piece of equipment, or product which is used to maintain or improve an individual’s functional abilities enhance interactions, support meaningful relationships, promote ability to live independently, and meaningfully participate in their community.

*“Behavioral Supports”* mean services which assists participants who, without such supports, are experiencing, or are likely to experience, difficulty in community living as a result of behavioral, social, or emotional issues. Behavioral supports include Behavioral Assessment, Behavioral Consultation, and Brief Support Implementation of Services.

*“Community Development Services\*”* mean services provided in a variety of settings in the community which aid a participant to develop and maintain skills related to community membership through engagement in community-based activities with people without disabilities.

*“Day Habilitation Services\*”* mean services provided in a variety of settings in the community or in a facility owned or operated provider agency which provide the participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, vocation, and socialization through application of formal teaching methods and participation in meaningful activities.

*“Employment Discovery and Customization Services\*”* mean time-limited services (usually 6 months) provided to assist a participant to identify and develop customized employment options which works towards competitive, integrated employment for the participant.

*“Environmental Assessment”* means an on-site assessment with the participant at his or her primary residence to determine if environmental modifications or assistive technology may be necessary in participant’s home.

*“Environmental Modifications”* mean physical modifications (based on an assessment) to a participant’s home designed to support the participant’s efforts to function with greater independence or to create a safer, healthier environment for the participant.

*“Family Caregiver Training and Empowerment Services”* mean services which provide education and training and which address the family/caregiver’s unique needs.

*“Family and Peer Mentoring Supports”* mean the provision of mentors who have the shared experiences as the participant and/or his or her family members and who assist by guiding the participant and/or his family members to navigate informed connections to community resources and to engage in community life.

*“Fiscal Management Service\*\*”* means a person who assists a participant with a directed budget, self-directing his or her services by processing and paying invoices for goods and services, tracking and

reporting the budget's disbursements and balances, collecting timesheets and processing support workers' payroll, withholding, and filing of applicable federal, State and local taxes, providing periodic reports of expenditures and the status of the participant's budget, and performing other fiscal duties.

*“Individual and Family-Directed Good and Services”* mean purchase of equipment or supplies for self-directing individuals that relate to a need or goal identified in the person-centered plan, maintain or increase independence, promote opportunities for community living and inclusion, and are not available under a waiver service, State Plan services, or another source.

*“Participant Education, Training, and Advocacy Supports”* mean training programs, workshops and conferences which help the individual develop self-advocacy skills, exercise his or her civil rights, and acquire skills needed to exercise control and responsibility over other support services.

*“Personal Supports”* mean individualized supports provided to waiver participants in their own homes, or family homes, acquire the skills necessary to maximize their independence.

*“Respite Care”* means short-term care intended to provide both the family and participant in the FSW with a break from their daily routines of providing daily caregiving responsibilities, while providing the individual new opportunities and experiences while facilitating self-determination.

*“Support Broker\*”* means a person who acts an agent for a participant self-directing his or her services by assisting the participant and his or her family to make informed decisions about what will work best for the participant, including what training, staff, services and supports are consistent with the participant's needs and unique circumstances. A support broker may also assist with day-to-day employee management and decision-making, consistent with the participant's plan.

*“Supported Employment Services\*”* mean services provided to a participant a minimum of 4 hours per day, which include a variety of supports to help the participant identify career and employment interests, as well as to find and keep a job paid by a community employer.

*“Transitional Employment Services\*”* mean time-limited services in facility and non-facility-based settings which use systematic instruction and other teaching methods that help participants to learn skills to work in competitive, integrated employment.

*“Transportation”* means providing non-medical assistance, training and transport to a participant and the participant's family caregiver so the participant can access community activities in his or her own community.

*“Vehicle Modification Services”* mean adaptations or alterations to a vehicle that is the participant's or the participant's family's primary means of transportation.

(\*) indicates a service which is covered only in the CSW.

## **VI. Additional Definitions**

*“Adequately trained”* means staff has attended and participated in required orientation, courses, *curriculums*, and/or teaching/mentoring experiences, and are proficient in carrying out their assigned job tasks.

*“Community Coordination Services\*\*”* means resource coordination services provided to a participant which include: 1) Development of the participant’s plan, 2) Referrals and related activities, and 3) Monitoring and follow-up activities. Community Coordination Services for waiver participants are funded under the State’s plan.

*“Medical Day Care Services\*\*”* mean medically supervised day program services provided to participants who are 21 years or older, attend a minimum of 4 hours per day and who receive health, nursing, physical therapy, occupational therapy, assistance with activities of daily living, nutrition, social work, activity program, and transportation services as needed. Medical Day Care Services for waiver participants are covered under the State’s plan.

*“Qualified Support/Service Provider”* means a Provider who used application and approval processes in this policy and authorized by the DDA to render support, services and goods under the CSW and/or FSW.

*“Eligible waiver participants”* means individuals who are age 21 years and under and who meet the criteria for developmental disability in accordance with the Annotated Code of Maryland, Health-General Article, §7-101(f). These individuals are also referred to as developmentally disabled.

*“Self-Directed Waiver Services”* means the participant directs his or her services with Support Broker, Fiscal Management and Community Services Coordination supports and a budget established within the waiver cap.

*“Traditional Waiver Services”* means services that are provided exclusively from DDA licensed providers.

*“Waiver cap”* means the maximum amount of funding that an individual can receive under the waiver in which he or she has been admitted.

## **VII. Procedures:**

### **A. Applicants**

To apply to be a QSP, applicants must do the following:

1. Go to DDA's website, <https://dda.health.maryland.gov>, download and review the following information:
  - a. Eligibility Requirements for Qualified Support/Service Providers;
  - b. The applicable application to render support/services under DDA's CSW and FSW (*Developmental Disabilities Administration (DDA) Application to Render Supports/Services in DDA's Family and Community Supports Waivers and/or the Application to Provide Behavioral Supports and Services*);
  - c. Qualified Support/Service Provider Agreement to Conditions of Participation;
  - d. Provider Checklists; and
  - e. DDA Policy – Application and Approval Processes for QSPs in DDA's CSW and FSW.
2. Attend orientation sessions when provided by the DDA.
3. Review the *Application and Approval Processes for QSPs in DDA's CSW and FSW's Policy* first before completing and submitting the application.
4. Submit information in an application with an understanding that:
  - a. Only the DDA established application form can be used. (The DDA will not review information submitted in another fashion);
  - b. A single party proposing to provide services is considered to be an individual applicant. An entity employing one or more persons to provide the proposed service is considered to be an organization/business. Certain sections of the provider application apply only to an individual applicant while other sections apply to an organization/business. (Applicable sections for each are identified accordingly throughout the application);
  - c. Information on the application must be legible and in blue or black ink;
  - d. Applicants must demonstrate that they meet both general application and specific support/service requirements to render supports or services. Specific support/service requirements for service categories are in the *Eligibility Requirements for QSPs in the CSW and FSW*. (There may be additional requirements from participants self-directing their services to ensure that a QSP and his or her employees are adequately trained);
  - e. The applicant must demonstrate a capacity to provide the service and/or support for which the DDA license and/or approval is sought;
  - f. Applicants can apply for approval to render more than one support and/or service;
  - g. Applicants must complete the application in its entirety. The DDA requires use of the *Provider Checklist* to verify all required information is in the packet. This form must be completed and submitted with the application. (The DDA will not process applications until all required background checks are received. Also, the DDA will disapprove applications which lack required information);
  - h. Applications and all accompanying information are considered to be the property of DDA. Information is stored in confidential files. Applications and accompanying information will not be returned to applicants if they are approved or disapproved.
  - i. Applicants should not send original copies of licenses, certifications, and other documents. The DDA will not provide copies to an applicant of his or her application. Therefore,

applicants should maintain a copy of their application and other documents for their files before submitting it to DDA's Provider Relations staff;

- j. In addition to submission of required criminal background and child protective clearance check information from applicants, DDA staff may also complete checks from Maryland records, sex offender registry information, and federal criminal history record information from law enforcement entities throughout the United States. Information in criminal background, child protective clearance, and/or other reports shall only be disclosed to an applicant who is the subject of the report and at DDA's discretion;
  - k. Materials and documents on file from previous and/or rejected applications will not be reviewed, considered, or accepted as part of prospective provider's reapplication or renewal process; and
  - l. Applicants should not make inquiries regarding the status of their applications until 30 days after the mailing or submission of it unless there has been no acknowledgment of receipt from the DDA
5. Applicants must submit their applications via email with the appropriate region identified in the subject line to [providerapplications.dda@maryland.gov](mailto:providerapplications.dda@maryland.gov). Applications can also be submitted through U.S. postal service to the Developmental Disabilities Administration, Attention - DDA Provider Relations staff, 4<sup>th</sup> Floor, 201 W. Preston Street, Baltimore, Maryland 21202;

Some waiver participants' individual plans may not require providers to have a license or a certificate to render Community Development Services, Employment Discovery and Customization Services, Family and Peer Mentoring Supports, Participant Education, Training, and Advocacy Supports, Respite Care, Support Broker and Supported Employment Services. Deemed status providers, or those approved as OHCDs under COMAR 10.22.20 may also render waiver services.

[http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.22.20.\\*](http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.22.20.*)).

Family members, neighbors and friends committed to providing care to a waiver participant may also be approved to provide supports and/or services in addition to providers licensed or with deemed status under COMAR 10.22.02 (<http://www.dsd.state.md.us/comar/comarhtml/10/10.22.02.00.htm>) and approved as an OHCDs.

Completion of the provider application is solely the responsibility of the applicant. In addition to this policy, the applicant must review the application and eligibility requirements to render supports and services in which approval is sought and become familiar with them. The applicant must serve participants within each waivers' cap. Applications must reflect that the applicant and all of the applicant's employees, if applicable, meet eligibility requirements. The DDA does not provide business information or any assistance (i.e. legal, technical, or financial) to aid applicants in qualifying as a waiver provider. However, the DDA Provider Relations staff does provide technical assistance and ongoing support to providers in DDA's waivers once they are approved to render services and supports.

Applicants must obtain criminal background checks from the Criminal Justice Information System-Central Repository (CJIS) or from Criminal Background Check entity pursuant to Health-General Article, §19-901 and Family Law Article §5-560, if serving a minor, and no more than forty-five days prior to the

submission of their provider applications to DDA. DDA does not pay fees associated with the applicant and applicant staff's criminal background checks. Results from criminal background checks are required for all applicants and for business/organization's executive and program directors, managers and supervisors when an application is submitted. Applicants must also ensure that criminal background checks are obtained using DDA's Authorization and ORI numbers which can be provided from CJIS upon an applicant's request. An applicant may not employ or contract with any individual who has a criminal history which would indicate behaviors potentially harmful to individuals. Also, applicants may not employ or contract with any employees and contractors who are excluded from participation in any federal health care program. Applicants should review the Federal List of Excluded Individuals and Entities (LEIE) at [http://oig.hhs.gov/fraud/exclusions/exclusions\\_list.asp](http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp) when evaluating prospective staff for employment. The State List of Excluded Medicaid Providers can be viewed at <http://dhmh.maryland.gov/oig/SitePages/related-links.aspx>.

Applicants must submit results from required criminal background and exclusion list checks with their applications. In the event that DDA receives an application without the required criminal background and exclusion checks, the application will be rejected.

Information received from background checks will be used by DDA solely for the purpose of evaluating the prospective provider's application and it will not be disseminated outside the Department of Health except in accordance with the law.

The Fiscal Management Service (FMS) for participants self-directing their services and who select non-traditional waiver supports, services and/or goods shall ensure that prior to the delivery of supports, services and goods, each QSP meets the eligibility requirements to render the support and/or service, and agrees to meet regulatory requirements protecting participants' rights and health and safety. The FMS sends the applicable documents to the Regional Provider Relations designee.

Should the DDA deny an applicant's initial, renewal and/or a special request to render supports and services to an individual(s) under its support waivers, the DDA shall disclose, in writing, the reason(s) for the denial. Following review of information in the denial, an applicant may submit additional information to demonstrate that he or she meets the requirements to render the support(s) and/or service(s) in which approval is sought. The applicant must submit the additional information within 30 business days. If additional information is not submitted within the date identified to DDA Provider Relations staff, or if a second review and denial occurs from the DDA, the application will be closed. The applicant can reapply once 365 days have occurred from the date of the last denial from DDA.

## **B. Roles of DDA Provider Relations staff**

*Director of Provider Relations-* The Director of Provider Regions is responsible for the overall operations of the Provider Relations Unit, primarily addressing the regulation and implementation of developmental disabilities licensed and unlicensed providers' regulations and implementation of programs, supports and services.

*Designated Application Reviewers-* DDA delineates application reviewers. Application reviewers have experience in interpreting regulations and DDA policies. Application reviewers evaluate prospective providers' initial applications and those requesting to renew licensure and approval to provide supports and

services to waiver participants. Application reviewers send letters to applicants regarding results of reviews and issue approvals to providers.

*OHCQ* – OHCQ issues licenses to applicants following approval from joint DDA and OHCQ review processes.

*Support Staff*- Support Staff provide administrative support, serving as the first contact for inquiries regarding prospective and renewal provider applications, working in conjunction with DDA Provider Relations staff to ensure that providers' initial and renewal applications are tracked, relevant information is entered in DDA's data base, and that applicants' files are maintained in compliance with the Department's Records policy.

### **C. Processes Implemented by DDA Provider Relations staff**

#### **1. Receipt of an application**

For each application received via email or U.S. Postal delivery, DDA Support staff shall complete the following tasks:

- a. Place a date stamp on the front page;
- b. Establish a file folder;
- c. Enter relevant information in DDA's database;
- d. Send an acknowledgement letter or email to the applicant within 3 days;
- e. Provide the application file folder to the assigned reviewer after the letter or email has been sent;
- f. Track and continue to enter information pertaining to the flow of the application, including dates, reviewers, results from reviews, and correspondence received from and sent to the applicant; and
- g. Send a letter to the applicant regarding closure of an application and file, as appropriate.

#### **2. Review of application**

Upon receipt of an application file folder from DDA Support staff, the assigned reviewer shall:

- a. Evaluate the applicant's request within 30 days.
- b. Within two weeks, review each section of the application determining compliance to eligibility standards using the Eligibility Requirements for Qualified Support/Service Providers and the applicable *Provider Rater form*;
- c. Ensure required criminal background check(s) have been obtained and results meet requirements for protection of participants;
- d. Ensure Child Protective Clearance has been obtained and results meet requirements for protection of participants if applicant requests to provide supports and/or services to children;
- e. Ensure that the licensee, OHCDs, agency and/or business is not on the State's Exclusions' List;
- f. Ensure that applicants with DDA licenses, or those applying as OHCDs, agencies or other businesses are in good standing with the Maryland Department of Taxation and Assessment; and

- g. If deemed necessary, request an additional review from the Director of Provider Relations or designee to support findings that the applicant meets or does not meet required eligibility standards.

### **3. Approval or disapproval of application**

For applications submitted directly to DDA from applicants seeking to render supports and services in the CSW and/or FSW, Provider Relations staff reviewers shall:

- a. Issue an approval or a disapproval letter to the applicant within 5 days following a determination,
- b. Ensure that an applicant's *approval letter* includes the following information:
  - i. The QSP's point of contact, business name, if applicable, and address,
  - ii. The chief executive, owner or administrator's name and address as designated in the application,
  - iii. The DDA provider number,
  - iv. The supports, services and/or goods in which the QSP has been approved to render in the CSW and/or FSW to participants,
  - v. Start and end dates for the time period that the approval covers, and
  - vi. The DDA responsible administrator's signature,
- c. Ensure that an applicant's *disapproval letter* includes the following information:
  - i. The QSP's point of contact, business name, if applicable, and address,
  - ii. The chief executive, owner or administrator's name and address as designated in the application,
  - iii. The support, services and/or goods identified in the application in which approval was sought and denied,
  - iv. The reason(s) for the denial,
  - v. If it is the applicant's first denial, notification that additional information can be submitted for a second review within the time frame delineated, as appropriate,
  - vi. The notification will also advise the applicant that the application will be closed if the information is not received within the established time frame and,
  - vii. If it is the applicant's second review and denial, notification that only two reviews can occur within 365 days, the application will be closed, and the applicant can reapply following a year from the date of the letter.

Staff reviewers shall return the file to Support staff for data entry, filing and tracking of information, and file maintenance.

The FMS will provide *approval and disapproval letters* within 5 days and with the required information for applicants seeking to render supports and services to waiver participants self-directing their services.

**4. QSP Renewal Applications:**

- a. A QSP renewal application to render supports and services in the CSW and/or FSW is due 30 days before the approval expires;
- b. Application submission, receipt, review, and approval processes are the same for renewals; and
- c. QSPs who do not submit renewal applications within established time frames shall be notified by support staff that their approval to render supports, services, and/or goods will or has expired. Accordingly, the provider's approval as a QSP in DDA's CSW and/or FSW is terminated and the provider's eligibility for Medicaid payments ceases on the termination date.

**VIII. Applicants Appeal Rights**

QSPs have appeal rights under Code of Maryland Regulations (COMAR) 10.09.36.

**Legal References**

Health-General Article, §2-1-4(b), 15-103, 15-105, 7-703, 7-708 and 7-904, Annotated Code of Maryland  
COMAR 10.09.26, 10.09.36, 10.22.02, 10.22.06, 10.22.10, and 10.22.20.

**Reference Materials**

**DDA Community and Family Supports Waivers Federal Applications to the Center for Medicare and Medicaid Services**